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## \*BIBDATASHEET\*

CONFIRMATION NO. 6804

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/691,187	<b>FILING OR 371(c) DATE</b> 10/22/2003 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> PF01104 US
<b>APPLICANTS</b> Sheldon B. Moberg, Thousand Oaks, CA; Ian B. Hanson, El Segundo, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/698,783 10/27/2000 PAT 6,800,071				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 31
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MEDTRONIC MINIMED, INC. 18000 Devonshire Street Northridge, CA91325-1219				
<b>TITLE</b> METHOD AND APPARATUS FOR DETECTING ERRORS, FLUID PRESSURE, AND OCCLUSIONS IN AN AMBULATORY INFUSION PUMP				
<b>FILING FEE RECEIVED</b> 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	